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### **Number 32: Investigating User Preferences for Services in Rural Areas of Scotland: A Territorial Approach**

Corresponding Author:

**Clare Hall**

Land Economy Research Group  
SAC Research Division  
SAC Edinburgh  
EH9 3JG

Tel: 0131-535-4124

Email: [Clare.Hall@sac.ac.uk](mailto:Clare.Hall@sac.ac.uk)

# **INVESTIGATING USER PREFERENCES FOR SERVICES IN RURAL AREAS OF SCOTLAND: A TERRITORIAL APPROACH**

Clare Hall, Dominic Moran, Alistair McVittie

## **ABSTRACT**

*Territorialisation of rural policies requires moving from a sectoral approach to service provision, and policies that focus exclusively on health and education, for example, to an understanding of overall service provision and quality, differentiated by rural area definition, not primarily by sector. An investigation of the expectations of stakeholders in rural Scotland, relating to availability, quality and accessibility of services, revealed that preferences were often different within different areas. The results input to the debate about the need to territorialise rural policy, and provide information for allocation decisions relating to resources aimed at creating sustainable rural communities in Scotland.*

**KEY WORDS:** Services; participatory methods; Scotland; user preferences; territorial rural policies

## INTRODUCTION

Within the Scottish Executive's (now Scottish Government) policy framework for the promotion of social inclusion (Scottish Executive, 2006a) there is a specific target for service delivery in rural areas. The objective is to improve access to high quality services for the most disadvantaged groups and individuals in rural communities. The continued presence of services in rural areas thus addresses a key element of social policy: sustainable communities. However, sectorally structured policies may not adequately meet this objective, if those sectors are tackled independently of each other, and if the policies fail to respond to different needs in differentiated rural areas. Thus, service provision based on distinct territorial requirements may be a means to meet social inclusion objectives relating to local services. This requires the territorialisation of policies, defined by Ray (2003) as activity organised around territories rather than particular socio-economic sectors. A territorial approach raises questions about how to identify appropriate spatial scales and be responsive to user preferences within those areas.

The aim of this paper is to inform the debate about territorially-focussed rural policy by investigating the views and expectations of stakeholders in both remote and accessible rural areas, relating to availability, quality, accessibility and nature of provision of services. An insight into preferences for service provision will lead to improved understanding of how territorialisation of rural service delivery policies could better fulfil policy objectives relating to social inclusion and sustainable communities, and how resources should be utilised to maintain local services in rural areas. By clarifying preferences for rural service attributes, the paper provides a valuable qualitative context for potential quantitative appraisal of service demand. Both approaches are increasingly required as the evidence base for policy decisions that seek, first, to establish a greater understanding of social needs and concerns, and second, to match costs and returns. The paper is structured as follows: The next section reviews the sectorally-based literature on service provision and user experiences in Scotland, and the literature on priority rural services and service satisfaction. The following section then details the participatory approaches that were used in workshops with service providers and users. Subsequent sections present results from participatory workshop exercises, and discussion of the key issues that arose. The final section offers conclusions.

## BACKGROUND

### *Sectoral versus territorial*

The advent of territorial policy discourses can be traced to a policy requirement to deliver rural development and sustainability beyond the channels related to traditional (i.e. agricultural) sector activity. This agenda is EU wide, but a recent OECD rural policy review for Scotland (OECD, 2008) stressed the need for Scottish rural policy to evolve in order that coherence be achieved between sectors. Calls for a territorial approach do not obviate the fact that service categories are inherently sector-based. This is reflected in much of the existing literature relating to rural services in Scotland, which takes a sectoral approach, and is therefore in line with traditional policy programming. A range of papers discuss experiences relating to mental health (Parr *et al* 2004), carers and mental health (Parr & Philo, 2003), and other aspects of health service provision (Farmer *et al*, 2001; Farmer *et al*, 2003). Specifically, Parr stresses that mental health studies have traditionally had an urban focus (Parr *et al*, 2004; Parr & Philo, 2003), and thus presents the 'rural' as an homogenous opposite to urban. The contribution of health workers in rural areas to social sustainability is discussed by Farmer *et al* (2003), and issues relating to defining rural deprivation through primary health care needs are investigated in another paper (Farmer *et al*, 2001). Gray *et al* (2001) investigate car use across rural areas of Scotland, while community ownership of renewable energy projects in rural Scotland is considered by Hanley and Nevin (1999). Mcquaid (1997) discusses issues around economic development and the Local Enterprise Companies (LECs), stressing that, as many LECs cover both rural and urban areas, they tend to focus on urban-centred policies, inappropriate to rural areas. The improvement of employment and employability in the Highlands is found by Lindsay *et al* (2003) to require a coherent strategy linking employment access and economic development policies in remote rural labour markets. Rural housing provision and changes in land tenure are investigated by Satsangi (2007), using Gigha as a case study. In a scoping study reviewing a range of issues for elderly people in rural areas of Scotland, Philip *et al* (2003) concluded that older rural people found a wide range of services less convenient than their urban counterparts.

Although many of these papers report studies in more than one rural location within Scotland (for example, Parr *et al*, 2004; Gray *et al*, 2001) there is little discussion of differences between those locations, generally focusing on 'rural' as one geographical entity, distinct from urban (see for example, Philip *et al*, 2003; Mcquaid, 1997). Thus, there is a lack of literature on residents' perceptions of the accessibility and quality of services *overall* in rural parts of Scotland, and how this differs between differentiated rural areas. As Blackstock *et al* (2006) state, the relationship between experience of service provision (in their case, services for dementia sufferers and their carers), and rural location, is an under-researched topic.

### *Priority services*

A range of reports have detailed the services that are considered to be most important for rural areas (see for example, Spilsbury & Lloyd (1998); Edwards (2005); Scottish Executive (2002)). In a list derived from a survey of 2000 rural residents living in 50 localities across Scotland, Hope *et al* (2000) suggest four: Shop, primary school, GP and community hall. These lists of priority services are important if decisions have to be made about maintaining minimum levels of service provision, and contribute to the understanding of what a community may need in order to be sustainable. However, the presence or absence of key services is not the only issue and does not address the possibility that different areas may have different priorities. The quality of service delivery or accessibility of services are additional and important factors not considered in surveys that simply monitor availability. Thus, to evaluate the success of service provision it is important to understand users' satisfaction with the quality of that service and their perspectives on issues such as accessibility. Both of these issues, quality and accessibility, and indeed the perceptions of them, are likely to differ between areas.

### *Service satisfaction*

While previous research suggests that there are high levels of satisfaction with rural services (Scottish Executive, 2000a; Mauthner *et al*, 2001; Shucksmith *et al*, 1996; Hope *et al*, 2000; Farmer *et al*, 2004), it is generally lower than in urban areas (Scottish Executive, 2007). Again, this type of analysis stresses that 'rural' is different to urban but fails to consider that satisfaction levels might differ in different rural areas. There are a number of services that are consistently identified as being priority issues for improvement in rural areas. These include transport, affordable housing, leisure and recreation facilities for young people, and specialist health services (Mauthner *et al*, 2001; Shucksmith *et al*, 1996; MacNee, 1996; Hope *et al*, 2000). Services where the priority issue has been identified as being the need for improvement in *quality* include road maintenance, communication services, utilities, and housing (Accent Scotland & Mauthner, 2006). The extent to which improvement is needed is likely to vary between different areas.

### *Access to services*

An additional issue frequently identified by rural residents as having scope for improvement in rural areas is *access* to services (Scottish Executive 2000a, MacNee 1996). In line with this, a recent Scottish study identified public transport, health centres, GPs and emergency health services, police and fire service, rubbish collection and recycling, post offices and shops, communication services, utilities, and housing as being

priorities for improved *accessibility*. What this fails to address is whether accessibility to these services is given similar priority by all rural residents. The likelihood of this being so, is low, since problems of accessibility are likely to be vastly different, for example, between remote and accessible rural areas.

What these studies allude to is that while priority lists may be useful, there is always likely to be demand for additional services, higher quality and/or more accessible provision. The challenge is to utilise effective methods to understand user needs and preferences so that these can be incorporated into resource allocation decisions. Second, as already stressed, none of the studies above have addressed how rural areas are classified according to rural typologies and how the different characteristics of the areas (distance from urban centres, population size) may affect preferences and priorities. Such an investigation is important if there is to be a shift from sectoral to territorial-based policy making, and should aid in understanding how best to utilise resources for service provision, that is both financially and socially sustainable.

## METHODOLOGY

This study targeted both service providers and users to investigate service prioritisation and views about issues relating to accessibility and quality of rural service provision in three geographically differentiated case study areas. The research approach involved two stages. An initial workshop was conducted in Perth with stakeholders from government agencies, the voluntary sector and academia. This workshop used a series of participatory exercises and guided discussion to elicit information from these stakeholders as a basis for understanding issues relating to service provision at a variety of geographical locations in Scotland. The aim was to gather information to take forward to workshops in case study areas. At the Perth workshop participants were asked to prioritise services and were presented with a pack of 39 cards, each featuring the name of one type of service, for example, post office or nursery. In addition they were given a template of seven columns, with a scale across the bottom that ran from 'most important service for rural areas' to 'least important service for rural areas'. This process of ranking or sorting options against a Likert scale and using a forced distribution is drawn from Q methodology where it forms one part of an approach for investigating attitudes (Brown, 1993). This forced distribution method is particularly successful at eliciting those choices that are most important. It also requires participants to compare every option with every other option, thereby revealing the relative importance of a large number of options.

This combination of exercises and guided discussion served to derive both structured output and unstructured commentary. This combination of approaches was considered to be the most effective way of uncovering and utilising the extensive knowledge and experience of workshop participants.

Five workshops were then conducted in three case study areas, involving both service providers and users. These workshops provided location-specific insights into issues relating to service availability and quality. Selection of case study areas (see figure 1) was based on a number of factors. Most importantly, the aim was to have a mix of remote rural and accessible rural areas (Scottish Executive, 2006b), and areas with different combinations of existing services. It was considered to be important to have at least one case study area not on the mainland, and at least one in the south of Scotland. Consideration was also given to population levels. The three chosen case studies were Stornoway (Isle of Lewis), Applecross (Wester Ross) and Eastriggs (Dumfries and Galloway). The characteristics of the case study areas are summarised in table 1.

Figure 1: Map of case study areas

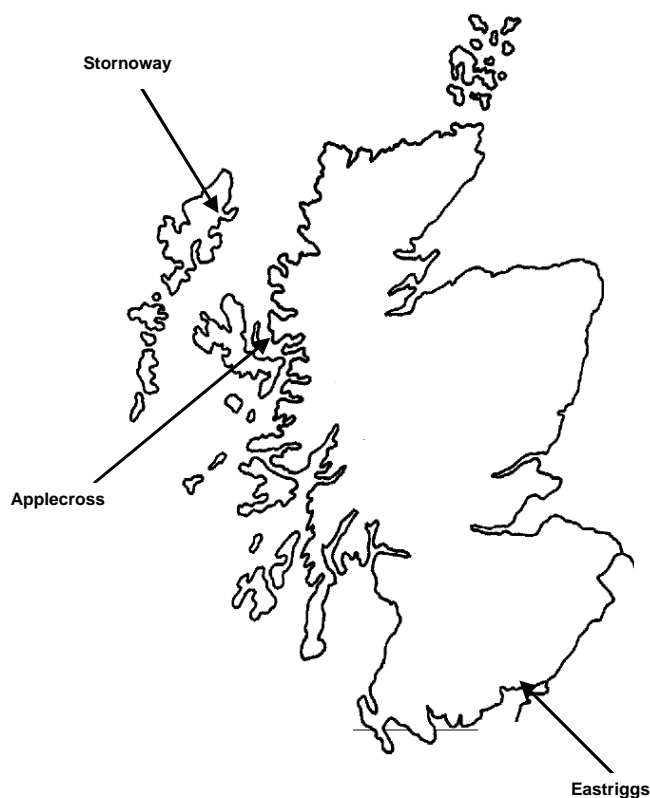


Table 1: Selected case studies

Criteria	Stornoway	Applecross	Eastriggs D&G
Urban – rural classification	Very remote small town	Very remote rural	Accessible rural
Area of Scotland	Island	Highland mainland	Southern Uplands
Population (of settlement)	8055	240	1683

In Stornoway and Eastriggs, two workshops were conducted, one each with service providers and local residents. In Applecross, because of the size of the population, only one workshop was carried out. The format of the case study workshops was a series of participatory workshop exercises, each followed by directed discussion. Again, this mixed-methods approach was used as it provided a combination of outputs from the workshops. Importantly, the participatory exercises provided a vital frame for the discussion that followed and avoided the potential problem of the facilitators restricting the scope of discussion, as the frame derived directly from participants.

The first exercise in the workshops held in the case study areas was a service-use mapping exercise. The 10 services used for this exercise were those identified by participants at the stakeholder workshop in Perth as being most important for rural areas. The next two exercises required the creation of affinity diagrams (Mindtools, 2007). Affinity diagramming is a categorisation method where facilitators sort various concepts into categories or themes. This method is used to organise a large amount of data or ideas according to the relationships between the items. The affinity diagramming exercises in the workshops related to the strengths and weaknesses of services in rural areas, and participants were required to write down three things that they considered were good and three that were not-so-good about services in their area. Once completed these were collated by the facilitators and clustered into emerging themes. Directed discussion with the whole group followed. Affinity diagramming is a straightforward and inclusive approach, especially useful in groups of community members where discussion can sometimes be dominated by certain individuals. This kind of exercise provides every participant with an equal opportunity to record their views.

## RESULTS

A total of 71 people were involved in the six participatory workshops held in September, November and December 2005.

### *Stakeholder workshop: Service prioritisation*

The results from the service prioritisation exercise compiled by the two groups are shown in figures 2 and 3. Services in bold are ones that were added by the groups themselves. Consider that column one 'most important service' scores 7, and column seven 'least important service' scores 1. Total scores for all 39 services are presented in table 2. This exercise reveals that the ten services considered by the participants at the workshop to be most important to rural areas are as follows: Primary school; post office; grocery shop;



health centre / surgery; day care for elderly; police office; parent and toddler group; nursery school / playgroup; computer and internet access; and public house.

Figure 2: Group one service prioritisation

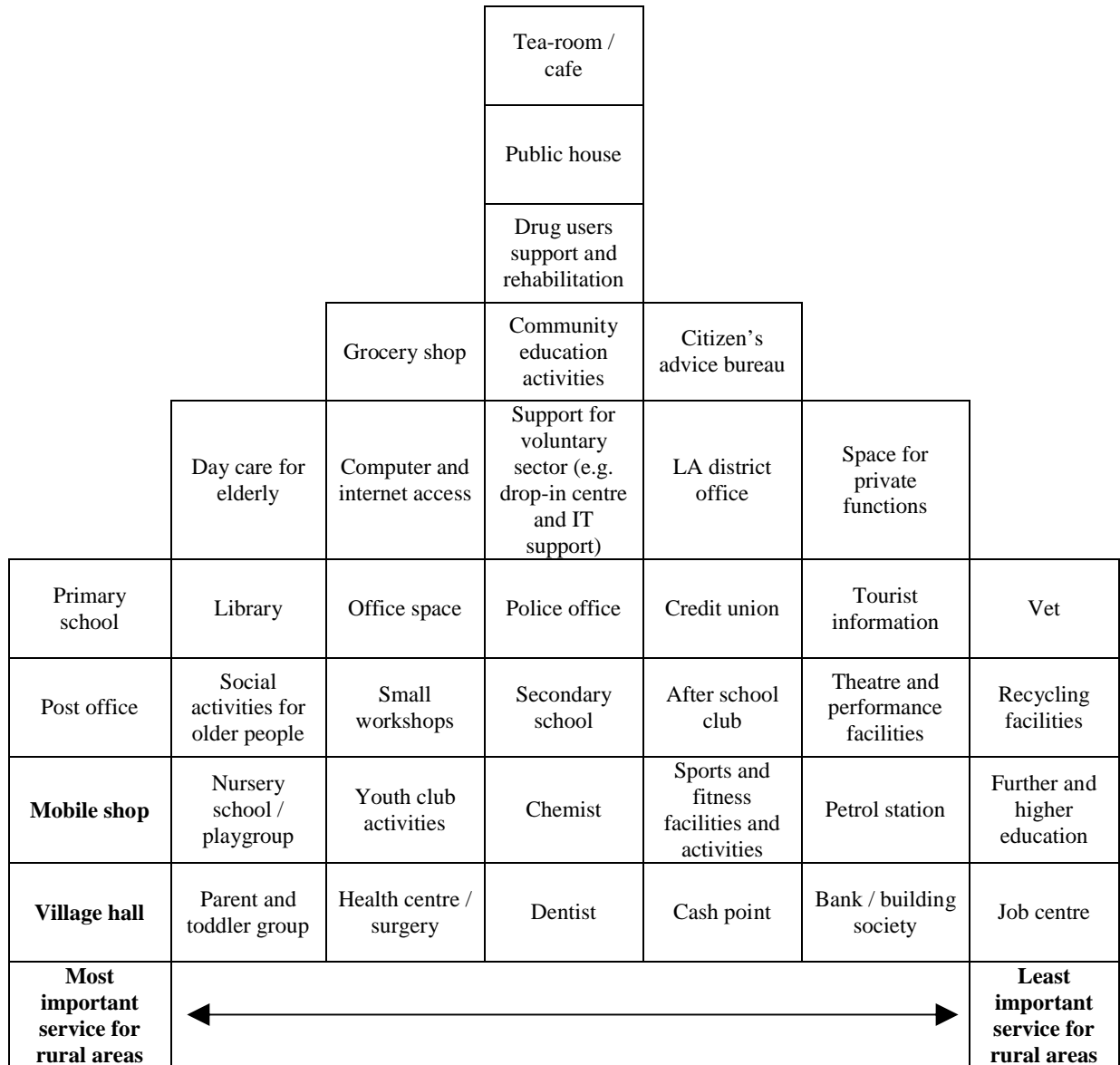


Figure 3: Group two service prioritisation

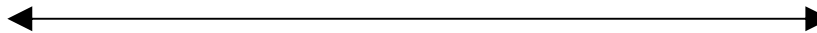
				Office space		
				Nursery space / playgroup		
				Space for private functions		
			Secondary school	Parent and toddler group	Youth club activities	
	Cash point	Computer and IT training	Community education activities	After school club	Credit union	
Grocery shop	Petrol station	Computer and internet access	Sports and fitness facilities and activities	Support for voluntary sector (e.g. drop-in centre and IT support)	Chemist	Tourist information
Primary school	Public house	Further and higher education	Dentist	Library	Small workshops	Vet
Police office	Local authority district office	Day care for elderly	Tea-room / cafe	Social activities for older people (e.g. lunch club)	Drug users support and rehabilitation	Alcohol awareness and counselling
Health centre / surgery	Post office	Bank / building society	Job centre	Theatre and performance facilities	Citizen's advice bureau	Recycling facilities
<b>Most important service for rural areas</b>						<b>Least important service for rural areas</b>

Table 2: Service prioritisation

Service	Group one	Group two	Combined score
Primary school	7	7	14
Post office	7	6	13
Grocery shop	5	7	12
Health centre / surgery	5	7	12
Day care for elderly	6	5	11
Police office	4	7	11
Parent and toddler group	6	4	10
Nursery school / playgroup	6	4	10
Computer and internet access	5	5	10
Public house	4	6	10
Social activities for older people (e.g. lunch club)	6	3	9
Library	6	3	9
Office space	5	4	9
Secondary school	4	5	9
Cash point	3	6	9
Local Authority district office	3	6	9
Youth club activities	5	3	8
Dentist	4	4	8
Community education activities	4	4	8
Tea-room / cafe	4	4	8
Petrol station	2	6	8
Small workshops	5	2	7
Support for voluntary sector (e.g. drop-in centre and IT support)	4	3	7
Sports and fitness facilities and activities	3	4	7
Bank / building society	2	5	7
<b>Mobile shop</b>	<b>7</b>	<b>-</b>	<b>7</b>
<b>Village hall</b>	<b>7</b>	<b>-</b>	<b>7</b>
Chemist	4	2	6
Drug users support and rehabilitation	4	2	6
After school club	3	3	6
Space for private functions	2	4	6
Further and higher education	1	5	6
Job centre	1	4	5
Credit union	3	2	5
Citizen's Advice Bureau	3	2	5
Theatre and performance facilities	2	3	5
<b>Computer and IT training</b>	<b>-</b>	<b>5</b>	<b>5</b>
Tourist information	2	1	3
Vet	1	1	2
Recycling facilities	1	1	2
<b>Alcohol awareness and counselling</b>	<b>-</b>	<b>1</b>	<b>1</b>

Note: Services in bold were either added by one of the groups or only classified by one of the groups.

The discussion following this exercise revealed something of a dilemma in prioritising services. Both groups considered services for the elderly and the very young to be important. In both cases services such as 'day care for the elderly' and 'nursery' were given a high level of importance, along with services of general importance to all residents (post office, grocery shop, police office etc). However, the discussion revealed a strong sense that the continued presence of young people (here taken to mean people who are post-school age but pre-family life-stage), is crucial to the future of rural areas. In which case it might be expected that services such as cash point, sports facilities, youth club, performing arts, further and higher education and petrol station would feature higher up the prioritisation list.

One participant stated that “having a primary school in the village will not keep the young people there”. However, it was felt that in some cases, young people who leave to study, work and socialise in towns and cities often come back once they reach the next ‘lifestage’ of being parents themselves. Hence the continuing presence of a primary school was considered vital (as revealed by the fact that it is the most important service of all). As one participant stated “all healthy rural communities have a primary school”.

While the workshop in Perth provided useful contextual information it did not begin to address the key issue of concern, that of the differences between different areas. Thus the core part of the research was the stage that followed – workshops in three case study areas.

#### *Case study areas*

In Stornoway and Eastriggs, separate workshops were held for service users and providers. However, in many cases service providers were also local residents and some local residents were also involved in service provision, for example, playgroups or carework. In Applecross, where only one workshop was held, almost all of the local residents who attended were also employed in the provision of local services. A total of 63 people were involved in the case study workshops, 24 in Stornoway, 28 in Eastriggs, and 11 in Applecross. There were eight participants at the service providers’ workshop in Stornoway and 16 participants at the service users’ workshop. In Eastriggs there were nine participants at the service providers’ workshop and 19 at the service users’ workshop, ten males, nine females. Of these, 13 lived in Eastriggs itself, five in nearby Annan (about 4-5 miles west) and one in Dornock (about 2 miles west). Details of participants are shown in table 3. There were 11 participants at the workshop in Applecross, six men and five women. Of these, seven lived in Applecross itself, three lived elsewhere on the peninsula, further up or down the coast, and one lived in Strathcarron. Details of the participants are shown in table 4.

Table 3: Eastriggs service user workshop participants

<b>QUESTION</b>	<b>CATEGORY / RESPONSE</b>	<b>N</b>
<b>SEX</b>	Male	10
	Female	9
<b>LOCATION</b>	Eastriggs	13
	Annan	5
	Dornock	1
<b>HIGHEST LEVEL OF FORMAL EDUCATION ACHIEVED</b>	No answer	11
	No qualifications	1
	BA (Ed) Open University	1
	BSc Diploma in higher education	1
	Secondary school highers (2)	2
	Standard grade – credit level	1
	School certificate	1
	Short-hand typing	1
<b>AGE</b>	30 or under	2
	40-49	1
	50-59	5
	60-69	4
	70-79	6
	80+	1
<b>CURRENT OR MOST RECENT JOB (OR RETIRED, STUDENT, HOUSEWIFE ETC AS APPLICABLE)</b>	Process worker	1
	Fencing contractor	1
	Senior Housekeeper – Hotel	2
	Police officer	1
	Laundry worker	1
	Rep	1
	Sales assistant	1
	Retired (7)	7
	H.E.O. M.O.D. (retired)	1
	District manager of an insurance company (retired)	1
	Senior RAF officer (retired)	1
	Retired – Former agricultural lecturer / construction safety advisor	1
<b>NUMBER OF PEOPLE IN YOUR HOUSEHOLD</b>	1	8
	2	7
	3	2
	4	1
	5	1
<b>NUMBER OF CHILDREN UNDER 5 YEARS IN YOUR HOUSEHOLD</b>	No answer	4
	None	15
<b>NUMBER OF CHILDREN AGED 5-18 IN YOUR HOUSEHOLD</b>	No answer	4
	None (2 offspring over 18)	13
	1	2
<b>NUMBER OF YEARS YOU HAVE LIVED IN THIS AREA</b>	Less than 5	2
	10-20	3
	20-30	6
	40-50	1
	50-60	5
	More than 60	2

Table 4: Applecross workshop participants

QUESTION	CATEGORY/RESPONSE	N
<b>SEX</b>	Male	6
	Female	5
<b>LOCATION</b>	Applecross	7
	Camusterrach	1
	Upper Toscaig	1
	Culduie	1
	Arinackaig	1
<b>HIGHEST LEVEL OF FORMAL EDUCATION ACHIEVED</b>	MA	1
	Degree	4
	Diploma	2
	HND in catering and teaching	1
	Standard level grade 1	1
	Master mariner	1
	No answer	1
<b>AGE</b>	30 or under	1
	40-49	5
	50-59	3
	60-69	2
<b>CURRENT OR MOST RECENT JOB (OR RETIRED, STUDENT, HOUSEWIFE ETC AS APPLICABLE)</b>	Centre bursar	1
	Proprietor of Applecross Inn	1
	Housewife and various part-time jobs	1
	Retained firefighter / librarian /	1
	Community Education officer	
	Head teacher	1
	School assistant	1
	Crofter	1
	Retired shipmaster	1
	Estate worker / crofter	1
	Fisherman / self-employed	1
	Business advisor	1
<b>NUMBER OF PEOPLE IN YOUR HOUSEHOLD</b>	1	2
	2	4
	3	3
	6	2
<b>NUMBER OF CHILDREN UNDER 5 YEARS IN YOUR HOUSEHOLD</b>	None	11
<b>NUMBER OF CHILDREN AGED 5-18 IN YOUR HOUSEHOLD</b>	1	1
	2	1
	3	2
	0	7
<b>NUMBER OF YEARS YOU HAVE LIVED IN THIS AREA</b>	10-19	4
	20-29	5
	30-39	1
	More than 60	1

### *Mapping service use*

*Very remote small town: Stornoway* Overall, the pattern of service use that resulted from the mapping exercise suggests there is reasonable availability of most services in both Stornoway itself and in other locations around the northern part of the island. In the discussion following this exercise at both workshops there were a number of services that were identified as not being available or readily accessible on Lewis, for which people had to go to the mainland. These were dentist and some hospital services that were being

reduced on Lewis – specifically psychiatric and maternity services. The mainland was also used for clothes and DIY shopping. Participants were also aware that shopping for some goods on the island was not always preferable as it implied higher prices due to freight costs. At the service users' workshop there was concern about the lack of services for youth. One participant commented that "there is nothing for young people - no cinema, 10 pin bowling, or any of the kinds of things you would expect to get on the mainland". One participant added that the choice was to go to the mainland for those who could afford it, or "go into town to hang about". In contrast participants thought the services for the elderly, such as day care centres, were very good.

*Accessible rural: Eastriggs* The completed maps showed that all 10 services were available either in Eastriggs, or the nearby towns of Gretna and Annan. Participants pointed out that Eastriggs is on a main route with good bus links, hence accessibility is good. Participants were concerned that Eastriggs lacks a full-time GP clinic and this was thought to be a problem particularly for the elderly. Linked to this, participants were also concerned about the lack of a chemist in Eastriggs. Services such as adult education, specifically adult literacy classes, were thought to be good.

*Very remote rural: Applecross* The mapping exercise showed a high level of use by participants of the services available in the village, for example, grocery shop, post office, doctor and public house. Issues arising from the mapping exercise included the fact that the nearest police station was 20 miles away and was often un-manned. Another issue that arose was the fact that the local post office did not provide all post office services needed so people had to use post offices at Kyle of Lochalsh and Inverness. Participants praised the fact that there were two mobile fish vans and one mobile butcher that came round the village. Overall, people thought that services in Applecross were very good but joked that "there is no supermarket!".

#### *Strengths and weaknesses of services*

As discussed in the methodology section, the mapping exercise was followed by affinity diagramming to expand the discussion relating to the strengths and weaknesses of services in the case study areas. The results from these exercises are summarised in tables five and six. Results are presented under the rural typology headings so as to differentiate between very remote small town, accessible rural area and very remote rural area. The Scottish Executive definitions of these categories are as follows:

- Very remote small town: Settlements of between 3,000 and 10,000 people and with a drive time of over 60 minutes to a settlement of 10,000 or more.

- Accessible rural area: Settlements of less than 3,000 people and within 30 minutes drive of a settlement of 10,000 or more.
- Very remote rural area: Settlements of less than 3,000 people and with a drive time of over 60 minutes to a settlement of 10,000 or more (Scottish Executive, 2006b).

The first point to be made here is that there is a wide variety of different categories of strengths and weaknesses, revealing that these three types of areas are certainly not homogenous. Common threads relating to strengths are in connection to the people delivering services but there is little else in common across rurality typologies. Post office is the only other theme considered to be a strength across the three types of areas. There are a number of themes identified as being a strength in two out of the three areas. These include health, education, transport, shops and community cohesion, but messages are by no means consistent. When considering weaknesses there are a number of consistent categories of concern. These relate to services aimed at young people, health care services, police, and loss of, or reductions in, a variety of services. Both 'very remote rural town' and 'very remote rural' share problems with transport availability and cost. Choice of provider is also a common weakness in both these types of areas.



Table 5: Comments from participants under the heading ‘ Strengths of services in rural areas’

<b>Theme</b>	<b>Very remote small town</b>	<b>Accessible rural</b>	<b>Very remote rural</b>
<b>Post office</b>	Royal mail	Post office	Post office staff
<b>Health</b>	Health services		Healthcare – local GP, visiting dentist
<b>Education</b>	Education – small class sizes, individual attention for pupils, good activities, dedicated teachers, christian values		Primary school – small number of pupils
<b>People</b>		People delivering local services – helpful, not anonymous, personal service	People delivering local services – individual care, personal service, flexibility, beyond the call of duty, know customers personally
<b>Transport</b>	Public transport – friendly, cheap	Accessibility – transport links – expanded bus routes Disability transport – reduced cost taxi service	Community mini-bus
<b>Shops</b>	Supermarket	Shops – having two of them, convenient, long opening hours, good range of products	
	Community shop Mobile shop		
<b>Community cohesion</b>	Local services help keep community ‘alive’		Village hall – range of different activities and user groups
	Local services contribute to community cohesion		
<b>Other</b>	Availability of local food Sports Centre Social work – standard of carers	Children can walk to school Community PC	Library – important resource Roadsmen

Table 6: Comments from participants under the heading ‘Weaknesses of services in rural areas’

Theme	Very remote small town	Accessible rural	Very remote rural
<b>Health</b>	Limited health care services in some areas Expense of visiting relatives in hospital on mainland	No GP	Access to specialist medical services Emergency services – remoteness and implications for response times (ambulance and police)
<b>Services for young people</b>	No dentist Lack of services for young people (youth clubs, apprenticeships)	Lack of employment opportunities for young people	Subsidised community car scheme not available to 17 year olds
<b>Reduction in services</b>	Reduction in specialist health care	No police station (used to be one but now closed) No pub (closed after bypass built)	Limited waste and recycling facilities – service reduced Reduction in funding and opening hours – health services, post office High cost of living due to high transport costs
<b>Transport</b>	Transport – cost to mainland, bad quality roads, too few buses to some areas, no low-loading buses		Post bus times of limited use
<b>Choice</b>	Variety and quality of some services – tradesmen, some shops, police		No choice of service provider
<b>Elderly / disabled</b>	Lack of some services for elderly and disabled Disabled access	No sheltered accommodation for elderly	
<b>Other</b>		No purpose-built community facility Concern about privacy of council service desk at Post Office Lack of innovation and change	Library – small, and new stock not regular enough

## DISCUSSION

### *Key services*

It is interesting to compare the list of priority services obtained from the stakeholder workshop in Perth to existing prioritisation lists. There are both similarities with, and differences to, previous categorisations. Notably, primary school features in all lists, as does a shop of some description. Post office also regularly features as being among the most important services, and so too does health centre / GP surgery. There are a number of notable additions to the list arising from the workshop that do not commonly feature in other prioritisation lists. These include computer and internet access, police office and public house. Later workshops revealed that indeed a local police station was considered to be a key rural service that was frequently lacking.

One way to evaluate the results from the workshops in the case study areas is to consider use of the 10 priority services, in settlements, based on the mapping exercises. Use of services is here taken to be a proxy for availability. These results reveal that, outside of Stornoway, the smaller settlements around north Lewis have very few of the 10 services and that these are most commonly primary school, post office, grocery shop and Doctor's surgery. Others, including playgroup, internet access, public house, and police office are more infrequently accessed (available) outside of Stornoway.

There is a different story in Eastriggs. Eastriggs village was itself the focus of the study and it is therefore significant that nine of the 10 priority services are widely accessed within Eastriggs, the omission being Police office. The lack of this latter service in Eastriggs was the subject of much discussion in the workshops, particularly the evening workshop with service users.

The story from Applecross is, unsurprisingly, very different again. Defined as 'very remote rural' and having a population of less than 300 it is perhaps not surprising that access to the priority services is limited to five of the ten within Applecross itself. The five priority services that are accessed in Applecross are grocery shop, post office, doctor's surgery, internet access and public house.

Examining the comments from the affinity diagramming exercises it appears that the three case study areas do not fair too badly when measured against those ten services identified as being most important for rural areas. Of these however, only two received entirely positive comments from all three areas: Primary schools and day care for the elderly. The story was much more mixed for post offices, grocery shops, health services, and police, which all received a combination of both good and bad comments. These comments, when elaborated on, often reflected appreciation of the service that was available but complaints about issues such as opening hours and the extent of the service on offer – hence availability was considered a good thing but quality and accessibility, for a range of reasons, was often not as good as people would wish. Of those services which were mentioned frequently in the affinity diagramming exercises, but which were not included in the priority list from stakeholders at Perth, the most significant were transport and housing.

#### *What are the common messages?*

There were a number of consistent messages that emerged from work in all three of the case study areas. First, there was an issue of declining services. Those mentioned included specialist health services, local shop

and mobile shops in Lewis, plumber, waste collection, ferry service and playing field in Applecross (and since the completion of the fieldwork, the library), the police, public house and doctors in Eastriggs.

The second key issue that was mentioned repeatedly was transport. This included discussions about costs for individuals and goods, frequency of services, and accessibility for those less-abled.

A thread that continued throughout the project was the problem of encouraging young people to stay in the area once they finished school. Among the issues related to this were the need for affordable housing, the lack of employment opportunities and social opportunities, and community transport facilities.

This study re-iterated the fact that the core services are deemed to be GP, primary school, shop and post office. This is similar to findings from a study conducted in Scotland more than 10 years earlier (Chapman & Shucksmith, 1996) in which residents claimed that primary school, local shop and post office were essential to any community. A key service that residents expressed considerable anxiety about in all three case studies involved in this study was the lack of a local police presence.

### *Three 'types' of rural settlements*

Although there were a number of consistent messages from all three areas, it became clear from the work in the case study areas that rural Scotland is not homogenous. Given the nature of the case study areas there were noticeable differences between them, such that it may be possible to take them to be representative, not of rural Scotland as a whole, but of a) a very remote small town on an island and the settlements that rely on it, b) a very remote rural location, and c) an accessible rural location.

Hence the communities on Lewis rely heavily on the town of Stornoway but greatly value more local services, particularly primary schools and grocery shops within the villages. The issues that united them were the problems of transport costs to and from the mainland and the fears linked to declining health services.

In Applecross the importance placed by residents on having locally accessible services was great, especially in view of the fact that transport to and from the area could be so problematic. There was a strong sense of community, with many residents also involved in the provision of services to each other. There was also a marked appreciation of the importance of individuals who were prepared to offer services beyond the call of

duty, whether that was the local postmaster or the roadsmen. Significantly, there was more acceptance in Applecross than the other case study areas of the limitations of service provision.

In Eastriggs there was recognition of the importance of having accessible transport routes to other locations for accessing services. However, this did not detract from the significance placed on having local services within the village, hence the shops and post office were greatly appreciated and the lack of a doctor's surgery and police presence, strongly bemoaned. If the choice was between good transport links to elsewhere, or local services within the village, it was clearly the latter that was preferred. This appeared to be connected to a recognition that only by keeping key, core services within the village could the community be maintained in any cohesive sense.

#### *Intangible benefits of local services*

This project revealed the importance placed on the intangible benefits arising from having local services. In the workshop exercises and the directed discussions that followed there were many comments emphasising peoples' appreciation of local provision and the personal touch that this entailed. There was a recognition of the value of having services provided by people who know you and who are prepared, not only to provide the service being paid for, but to help out in a more 'human way', as and when required. This appreciation of the value of local provision extended to practical issues such as the greater convenience of dealing with people face to face and locally if things went wrong and problems needed rectifying. There was also explicit mention of the role of local service provision in maintaining social cohesion in Stornoway, and implicit recognition of the same thing in Applecross and Eastriggs. In Eastriggs this was given a practical angle through the call for a purpose-built community facility that would be available for use by many different groups. In Applecross there was already a new community centre and its importance to diverse user groups was recognised.

#### *Acceptance of limitations*

While many problems, concerns and issues were revealed in the workshops there was also an acceptance of the limitations of service provision in rural areas where populations were low. Hence, infrequent transport links were accepted, as were limited opening hours and experience of staff. Higher prices were accepted as being inevitable. People were not unrealistic in their expectations but were concerned about change for the worse. As noted above, this acceptance of limitations was most pronounced in the very remote rural area, Applecross. These findings emphasise that people quite often have low expectation levels and thus, arguably,

express satisfaction at relatively poor levels of service quality and availability (Chapman & Shucksmith, 1996).

#### *Co-location – A territorial solution?*

One option that has been proposed as offering a potential solution to service provision in rural areas is co-location, whereby numerous service providers share premises (see for example, Countryside Agency, 2003; Bryden *et al*, 2007) . In this case, the challenge for co-location would be to take into account the issues raised by the five case study workshops and provide solutions to some of the problems.

This might be feasible in Eastriggs where there was a clear need for a multi-purpose building that could house many different groups of people. It could also help to address the issues relating to the lack of a full-time GP and police. As these are services requiring a physical base, co-location could be an option. However, where services such as sheltered housing or a good public house were identified as lacking, co-location is unlikely to be a solution.

On Lewis there were concerns about declining health services. There were also many concerns about the expense of transport to get off the island, and a lack of things for young people to do. Again, co-location may be a solution to some of these issues, as a centre offering health services and activities for youth, for example, might be feasible.

In Applecross co-location is already a way of life with three examples. The shop and post office share premises, and the petrol station is part of the same site. The community hall provides accommodation for many different groups and activities. At the time of the workshop the primary school and village library also shared premises but the library has since closed. It is less clear how new co-location could add to the provision of services in Applecross as there is such a small population base, and the problems identified related to services such as nursing care for the elderly, secondary education, transport links and costs, emergency health services, and police.

Co-location is an interesting concept in the context of the current paper as it implies a non-sectoral approach to service provision. It requires an overview of service requirements within a particular area and a sharing of resources in order to reach a solution. This is, effectively, a working example of a territorial approach.

## CONCLUSIONS

This paper serves to inform the need to reconcile the challenges of service delivery with an emerging agenda focussing on a territorial approach to rural policy. Further, it points to how institutions may need to be (re) structured for efficient service delivery within defined spatial areas.

While eliciting priority lists, and identifying particular sectoral issues, the existing literature does not necessarily distinguish how needs and preferences are often somewhat different in areas within different categories of rurality. Previous literature has thus frequently followed and emphasised the sectoral approach to service provision. This study has therefore added to the existing literature on service satisfaction by investigating the views and expectations of stakeholders in both very remote and accessible rural areas relating to availability, quality, accessibility and nature of provision of services, and thereby demonstrating how the needs of, and thus solutions for, these differentiated areas are different.

Hence, preferences and issues were found to vary within different rural areas, emphasising that rural Scotland is not homogenous, and supporting claims for territorialisation of rural policy. For example, there was a variety of strengths and weaknesses of services, revealing that the three area types are certainly not homogenous. Common strengths related to the people delivering services, thus confirming the importance of maintaining local service provision, but there was little else in common across rurality typologies. When considering weaknesses there were a number of consistent categories of concern, for example, services aimed at young people, health care services, police presence, and loss of, or reductions in, a variety of services. This suggests that some rural-wide, sector-specific service provision may still have a place in rural policy. Results from both 'very remote rural town' and 'very remote rural' revealed problems with transport availability and cost, suggesting that this is likely to be an issue of importance in many, if not all, of the remoter rural areas, as there is an increasing social expectation of connection to the wider world, regardless of location. Choice of service provider was also a common weakness in both these types of areas, although due to small and scattered populations it is difficult to see how this could be overcome. Consistent messages across all three case studies were rare. Overall, findings suggest that policy aims relating to social inclusion and sustainable communities would benefit from taking a territorial approach to many instances of service provision, possibly by using the existing urban-rural typology but perhaps requiring further area-based definitions and understandings of individual rural regions and communities.

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